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By:


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PTO/SB/22 (05-07)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 040025U007 (formerly 03100185AA)	
Application Number: 10/680,087		Filed: October 6, 2003	
Title: Method For Detecting Chronic Dementia Diseases, And Corresponding VGF Peptides And Detection Reagents			
Art Unit: 1649		Examiner: C. Borgeest	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$450.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1250</u> . I have enclosed a duplicate copy of this sheet.			
I am the			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,715</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
		August 1, 2007 Date	
<u>Barry J. Marenberg</u>		212-643-7000 Telephone Number	
Typed or printed name		08/03/2007 HTRINH 00000010 03-1250 10680087 01 FC:1252 450.00 DA	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			